

COMMONWEALTH OF AUSTRALIA

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Family Name	
Given Names	
Student Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Teaching Period	Semester 2, 2015

FINAL EXAMINATION	DURATION
NUR250 – Medical Surgical Nursing 1	
	Reading Time: 10 minutes
	Writing Time: 180 minutes

INSTRUCTIONS TO CANDIDATES

Multiple Choice Questions: Answer ALL questions on the Answer Sheet provided at the back of this examination paper. Short Answer Questions: Answer ALL questions in ink or biro on the lines underneath each question on this examination paper.

EXAM CONDITIONS

This is a CLOSED BOOK examination

No calculators are permitted

No handwritten notes are permitted

No dictionaries are permitted

Answer on both exam paper and supplied material/s

ADDITIONAL AUTHORISED MATERIALS	EXAMINATION MATERIALS TO BE SUPPLIED
No additional printed material is permitted	Faculty/School Multiple Choice Answer Sheet

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DOUBLE-SIDED.**

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Section B

Short Answer Questions

Total number of marks for this section: 100 marks

Questions in this section are to be answered in ink or biro on the lines below each question.

Marks for each question are indicated. Suggested Time allocation for Section B: 120 minutes

Question 41

The registered nurse has 4 legal responsibilities when working with therapeutic substances such as medications. Safe administration is one of these responsibilities. The other three (3) responsibilities are:

1. _____

2. _____

3. _____

(Marks: 3)

Question 42

Explain why clinical reasoning is an important part of nursing practice.

Question 43

You are caring for a patient who has difficulty communicating in English. Identify the most appropriate nursing action to ensure the nurse can communicate effectively with the patient and that the patient can make their needs and concerns known.

(Marks: 1)

Question 44

Identify the four (4) different assessment techniques a nurse uses when assessing the patient and what you would assess using each technique.

<u>Technique</u>	<u>I would use this technique to assess:</u>
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1.

2.

3.

4.

Question 45

When nurses assess and care for people in medical surgical settings, they collect a considerable amount of information from people. Explain the ethical and legal responsibilities of the nurse when gathering information from people in their care.

(Marks: 1)

Question 46

Explain why early mobilisation of people after surgery prevents the development of post-operative respiratory complications.

(Marks: 2)

Question 47

You are caring for Jeff who has a patient controlled analgesic device (PCA) in place. What is the most appropriate instruction you can give Jeff to ensure he remains as pain free as possible today?

Question 48

Morris is someone you are caring for today. He is recently returned from the operating theatre after a surgical procedure. After assessing him, you identify that acute pain is a key nursing problem and you recognise that keeping Morris as pain free as possible today is a priority goal of care.

Identify

- (a) Four (4) different nursing actions or interventions you will do to achieve this goal of care

1. _____

2. _____

3. _____

4. _____

(Marks: 4)

(b) For each of the nursing actions or interventions you have identified in question 48(a) on the previous page, explain how the identified action will help you achieve this goal of care today

1. _____

2. _____

3. _____

4. _____

(Marks: 4)

(c) Identify two (2) indicators that will tell you that the nursing interventions you have implemented to relieve Morris's pain are effective.

(Marks: 2)

Question 49

Identify 4 risk factors for coronary artery disease.

1. _____
2. _____
3. _____
4. _____

(Marks: 2)

Question 50

Identify 2 errors in technique that can affect blood pressure assessment.

1. _____

2. _____

(Marks: 2)

Question 51

Identify 3 features of angina pain.

1. _____
2. _____
3. _____

(Marks: 3)

Question 52

Identify 2 potential complications of acute coronary syndrome.

1. _____

2. _____

(Marks: 2)

Question 53

Identify 5 clinical manifestations of myocardial infarction

1. _____
2. _____
3. _____
4. _____
5. _____

(Marks: 2.5)

Question 54

You are caring for a person with cardiac problems. One of the medications they are prescribed is a diuretic. When assessing the person before administering the next dose, you note a low urine output and suspect he may be hypovolaemic. Identify three (3) other clinical manifestations you might find on closer assessment.

1. _____
2. _____
3. _____

(Marks: 3)

Question 55

People diagnosed with heart failure are often prescribed the cardiac glycoside, digoxin. One of the nurse's responsibilities when administering prescribed medications is to monitor for adverse effects. Identify 5 signs or symptoms of digoxin toxicity.

1. _____
2. _____
3. _____
4. _____
5. _____

(Marks: 2.5)

Question 56

Cardiac failure impacts on all body systems. For each of the body systems below, identify one (1) sign or symptom related to heart failure that you are likely to find when assessing a person with heart failure.

1. Cardiovascular: _____

2. Respiratory: _____

3. Neurological _____

4. Gastro-intestinal _____

5. Integumentary: _____

(Marks: 2.5)

Question 57

An important nursing goal when caring for a person with heart failure is to reduce cardiac workload and myocardial oxygen demand. Explain why this is an important goal when caring for these people.

(Marks: 2)

Question 58

You are caring for Ralph who has been admitted with pneumonia. He has a history of asthma and is currently requiring oxygen therapy via nasal prongs to maintain adequate oxygenation.

- a) Identify 3 nursing assessments you will do to ensure Ralph is maintaining adequate oxygenation today

1.

2.

3.

(Marks: 3)

- b) Explain how the nursing assessments you identify above will help you identify that Ralph is adequately oxygenated

1. _____

2. _____

3. _____

(Marks: 3)

Question 59

Ralph is at risk for complications related to his current respiratory problems. Identify 2 potential complications you will monitor him for over the remainder of your shift today.

1. _____

2. _____

(Marks: 2)

Question 60

Ralph rings the bell for attention. When you come to his bedside he reports he is having increasing difficulty breathing and a headache. He is quite anxious; you note his lips are a purple colour and that he is tachypnoeic, tachycardic, restless and confused.

(a) What conclusion would you make from these signs and symptoms?

(Marks: 1)

(b) What are 2 priority nursing diagnoses/problems at this point?

1.

2.

(Marks: 2)

(c) What are your first 4 immediate nursing actions or interventions?

1.

2.

3.

4.

(Marks: 4)

Question 61

Explain why a person with a chronic airways problem requires a high energy, high protein diet.

(Marks: 1)

Question 62

Identify five (5) pressure ulcer prevention strategies that you would implement when caring for people at risk for developing pressure ulcers.

1.

2.

3.

4.

5.

(Marks: 2.5)

Question 63

You are caring for a person just admitted with a major burn. It is 6 hours after the burn injury.

(a) Identify the phase of burn management the person is currently in

(Marks: 1)

(b) Identify five (5) high priority nursing diagnoses/problems that you will document on the nursing care plan and what they are related to

1.

2.

3.

4.

5.

(Marks: 5)

(c) Explain why each of the nursing problems identified on the previous page is a priority

1. _____

2. _____

3. _____

4. _____

5. _____

(Marks: 5)

Question 64

Max has been admitted to your ward with increasing abdominal pain, nausea and abdominal fullness. His abdominal x-ray in the emergency department showed distended intestinal loops and a possible fluid level. Since admission, his vital signs have been slightly elevated. His pain score is 2-3 but he is still feeling very full and bloated. The doctor has prescribed several broad spectrum antibiotics including metronidazole, an anti-emetic and prn analgesia.

(a) What conclusion would you make from these signs and symptoms?

(Marks: 1)

(b) What do you expect the medical orders might be for the following:

1. Nutrition and hydration:

2. Elimination:

(Marks: 3)

(c) You recognize you need to assess Max's abdomen and gastro-intestinal function.

Identify:

- a. Five (5) nursing assessments you will do as part of this assessment
- b. Why you will do them
- c. What they will tell you about Max's abdomen and gastro-intestinal function

1.

2.

3.

4.

5.

(Marks: 7.5)

- (d) You are asked to insert a nasogastric tube as part of Max's treatment. Identify
- Why Max needs a naso-gastric tube
 - How you will confirm that the tube is in the correct place

a. _____

b. _____

(Marks: 2)

Once the naso-gastric tube has been inserted and position confirmed, you aspirate 25 mls of light, yellow brownish fluid with some tinges of green. You are directed to place the nasogastric tube on continuous drainage.

- (e) Is this aspirate what you would normally expect when aspirating a nasogastric tube? Explain your response.

(Marks: 1)

- (f) What parameters need to be monitored closely when a nasogastric tube is on free drainage and why?

(Marks: 1)

Question 65

There is evidence that people requiring longer term hospitalization or those with health problems affecting their ability to eat independently can develop malnutrition. Ensuring an adequate dietary intake is a key nursing role. Identify three (3) nursing actions you will do to ensure that people you are caring for today have adequate dietary intake.

1. _____

2. _____

3. _____

(Marks: 3)

Question 66

Explain why it is important for a person with osteoarthritis to maintain a balance between rest and activity.

(Marks: 2)

Question 67

What are the normal hormonal changes associated with ageing that put the older person at risk for osteoporosis?

(Marks: 1)

Question 68

You are preparing Josh for discharge after a closed reduction of a fractured tibia and fibula. Identify three (3) points you are going to tell Josh about how to look after the plaster cast on his leg.

1. _____

2. _____

3. _____

(Marks: 3)

END OF EXAMINATION